

QUARTERLY STATEMENT

AS OF JUNE 30, 2018

OF THE CONDITION AND AFFAIRS OF THE

Meridian Health Plan of Michigan, Inc.

NAIC Group Code	4640 ,	4640	NAIC Company Code	52563	Employer's ID Number	38-3253977
	(Current Period)	(Prior Period)	_			
Organized under the Laws o	f	Michigan	, State of Domi	icile or Port of Entry		MI
Country of Domicile	United	States of America				
Licensed as business type:	Life, Accident & Health[Dental Service Corporat Other[]	on[] Vision	rty/Casualty[] I Service Corporation[] O Federally Qualified? Yes[X] N	Health Ma	Medical & Dental Service or In intenance Organization[X]	demnity[]
Incorporated/Organized		12/31/1995	Comme	enced Business	12/31/199	5
Statutory Home Office	10	Campus Martius, Suite 70	,		Detroit, MI, US 48226	
Main Administrative Office		(Street and Number)	1 Campus Ma	(Ci artius, Suite 700	ty or Town, State, Country and Zip	Code)
	Dotroit	MI, US 48226	(Street a	nd Number)	(313)324-3700	
	(City or Town, State, C				(313)324-3700 (Area Code) (Telephone Nur	nber)
Mail Address		Campus Martius, Suite 70	,		Detroit, MI, US 48226	,
Drimary Location of Books of	,	reet and Number or P.O. Box	•	,	ty or Town, State, Country and Zip	Code)
Primary Location of Books a	na Records			ous Martius, Suite 700 Street and Number)	<u> </u>	
	Detroit, MI,				(313)324-3700	
Laterat Wale O'te Address	(City or Town, State, C	, , ,			(Area Code) (Telephone Nur	nber)
Internet Web Site Address		www.mhplan.com				
Statutory Statement Contact		Matthew Agnone			(313)324-3700	
	matthew.agnone	(Name)			(Area Code)(Telephone Number)((313)324-1822	Extension)
	(E-Mail A	- -			(Fax Number)	
	Geor David	DIRE (ge Ellis i B. Cotton M.D.	OTHERS CTORS OR TRUST	EES Karie Paste	rnak	
	higan ayne ss					
herein described assets were related exhibits, schedules ar reporting entity as of the repo Statement Instructions and Ar reporting not related to accoudescribed officers also include described officers also include	the absolute property of the explanations therein contring period stated above, accounting Practices and Proting practices and procedes the related corresponding	e said reporting entity, for tained, annexed or referr and of its income and dec ocedures manual except ures, according to the be g electronic filing with the	ney are the described officers of ee and clear from any liens or clared to, is a full and true statemen ductions therefrom for the period to the extent that: (1) state law r ist of their information, knowledg e NAIC, when required, that is ar in lieu of or in addition to the en	aims thereon, except at of all the assets and dended, and have been may differ; or, (2) that e and belief, respective n exact copy (except f	as herein stated, and that this liabilities and of the condition on completed in accordance we state rules or regulations requely. Furthermore, the scope of	statement, together with and affairs of the said ith the NAIC Annual ire differences in of this attestation by the
	(Signature)		(Signature)		(Signature)	
	n B. Cotton rinted Name)		Sean P. Cotton (Printed Name)		Janice Torosia (Printed Name)	<u>n</u>
`	1.		2.		3.	
	President		Secretary		Treasurer	
	(Title)		(Title)		(Title)	
Subscribed and sworn day of	to before me this , 2018	a. Is th b. If no	his an original filing? o, 1. State the amendment of the control o		Yes[X] No[]	_ _ _

(Notary Public Signature)

ASSETS

			irrent Statement Date	9	4
		1	2	3	4
		'	Nonadmitted	Net Admitted Assets	December 31 Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	114,901,863		114,901,863	108,660,184
2.	Stocks:				
	2.1 Preferred stocks	1			
	2.2 Common stocks	17,416,153		17,416,153	17,221,836
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)				•••••
	4.2 Properties held for the production of income (less \$0				
	encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$177,469,334), cash equivalents (\$2,323,310) and				
	short-term investments (\$63,084,419)				
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets			· ·	
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued	1,350,919	6,742	1,344,177	1,710,176
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	25,726,173		25,726,173	38,521,612
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$9,226,085) and contracts subject to redetermination (\$0)	9,226,085		9,226,085	7,685,737
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	3,158,768		3,158,768	3,264,841
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	3,110,458		3,110,458	7,948,523
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	1,026,286		1,026,286	1,026,286
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$51,121,530) and other amounts receivable	104,901,408	1,365,861	103,535,547	38,761,168
25.	Aggregate write-ins for other-than-invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	524,927,073	2,528,317	522,398,756	451,780,518
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
28.	TOTAL (Lines 26 and 27)				
DETA	ILS OF WRITE-INS		· · · · · ·		
1103.	Owner of an initial wife in fact in Addition and flavor	1			
	Summary of remaining write-ins for Line 11 from overflow page				
2501.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2502. 2503.					
	Summary of remaining write-ins for Line 25 from overflow page				

STATEMENT AS OF June 30, 2018 OF THE Meridian Health Plan of Michigan, Inc. LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND			Drior Voor	
		1	Current Period 2	3	Prior Year 4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)	253,492,348		253,492,348	229,844,348
2.	Accrued medical incentive pool and bonus amounts	5,530,606		5,530,606	3,596,656
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
	rebate per the Public Health Service Act	7,261,482		7,261,482	8,400,000
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	17,837,244		17,837,244	551,197
9.	General expenses due or accrued	51,402,091		51,402,091	5,501,849
10.1	Current federal and foreign income tax payable and interest thereon (including \$0				
	on realized gains (losses))	4,753,042		4,753,042	1,599,637
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	5,104,199		5,104,199	15,473,668
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	193,923		193,923	39,007
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds	X X X	X X X		42,502,056
26.	Common capital stock	X X X	X X X	44,700	44,700
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	83,451,363	83,451,363
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	93,327,758	60,776,037
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$0)	X X X	X X X		
	32.20 shares preferred (value included in Line 27 \$0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	176,823,821	186,774,156
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	522,398,756	451,780,518
	ILS OF WRITE-INS				
2301. 2302.					
2303.					
	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. 2502.	Estimate of 2018 ACA Health Insurer Fee Surplus				42,502,056
2502. 2503.					
	Summary of remaining write-ins for Line 25 from overflow page			I I	
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		42,502,056
3001.					
3002. 3003.					
	Summary of remaining write-ins for Line 30 from overflow page				
	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)				

STATEMENT AS OF June 30, 2018 OF THE Meridian Health Plan of Michigan, Inc. STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE		I LINOLO	Prior Year	Prior Year Ended
		1	ear To Date 2	To Date 3	December 31 4
		Uncovered	Total	Total	Total
1.	Member Months				
2.	Net premium income (including \$0 non-health premium income)				
3.	Change in unearned premium reserves and reserves for rate credits				
4.	Fee-for-service (net of \$ medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	X X X	1,026,222,140	1,170,286,583	2,201,843,264
Hospita	al and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services		39,053,049	40,915,370	69,547,225
11.	Outside referrals		39,660,452	27,404,960	60,906,981
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical		133,589	133,558	380,948
15.	Incentive pool, withhold adjustments and bonus amounts		7,900,622	7,337,902	15,774,674
16.	Subtotal (Lines 9 to 15)		878,336,381	1,081,965,708	1,984,836,541
Less:					
17.	Net reinsurance recoveries		1,808,899	1,576,929	2,523,990
18.	Total hospital and medical (Lines 16 minus 17)		876,527,482	1,080,388,779	1,982,312,551
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$19,756,124 cost containment expenses		24,488,022	12,142,094	36,154,036
21.	General administrative expenses		129,757,506	94,343,480	184,332,954
22.	Increase in reserves for life and accident and health contracts (including \$0 increase				
	in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		1,030,773,010	1,186,874,353	2,202,799,541
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	(4,550,870)	(16,587,770)	(956,277)
25.	Net investment income earned		2,080,803	1,179,743	2,688,479
26.	Net realized capital gains (losses) less capital gains tax of \$296		1,113	30,632	196,001
27.	Net investment gains or (losses) (Lines 25 plus 26)		2,081,916	1,210,375	2,884,480
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)	xxx	(2.468.954)	(15.377.395)	1.928.203
31.	Federal and foreign income taxes incurred				
32.	Net income (loss) (Lines 30 minus 31)				
DETAIL	S OF WRITE-INS		,	,	
0601. 0602.	ACA Health Insurer Fee - 2016 Adjustment ACA Health Insurer Fee - 2018				
0603.	AVAIIGAILII IIISUIGI I GG - 2010				
0698.	Summary of remaining write-ins for Line 6 from overflow page				
0699. 0701.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)				
0702.					
0703. 0798.	Summary of remaining write-ins for Line 7 from overflow page				
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401. 1402.	Hearing/Speech devices				
1402.					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499. 2901.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2301.	Wildonalioud Tovoliuo				
2902.					
1					

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	186,774,156	185,340,432	185,340,432
34.	Net income or (loss) from Line 32	(10,132,063)	(9,621,020)	546,074
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	206,083	1,054,436	1,417,113
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			309,835
39.	Change in nonadmitted assets	(24,355)	171,301	(839,298)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(9,950,335)	(8,395,283)	1,433,724
	Capital and surplus end of reporting period (Line 33 plus 48)	176,823,821	176,945,149	186,774,156
4701. 4702.				
4703. 4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current	2 Prior	3 Prior
		Year To Date	Year To Date	Year Ended
	Cook from Operations	To Date	To Date	December 31
4	Cash from Operations	000 144 000	1 100 145 105	2 220 400 405
1.	Premiums collected net of reinsurance			
2.	Net investment income			
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)			
5.	Benefit and loss related payments	i i		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains			
	(losses)	4,510,000	5,501,186	5,177,485
10.	TOTAL (Lines 5 through 9)	969,113,868	1,223,290,900	2,313,663,080
11.	Net cash from operations (Line 4 minus Line 10)	33,403,622	(41,271,941)	(64,087,391)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	9,288,198	9,375,222	25,287,896
	12.2 Stocks	911,786		314,342
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		·	·
	12.7 Miscellaneous proceeds			
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)			
12	Cost of investments acquired (long-term only):	10,209,397	9,420,039	25,007,203
13.	. , , ,	40 420 200	7.050.027	25 700 250
	13.1 Bonds			
	13.2 Stocks	· ·	·	
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	17,326,746	7,676,024	40,112,527
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(7,037,349)	1,752,015	(14,425,262)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	(10,366,442)	(13,514,690)	(3,443,986)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5			
	plus Line 16.6)	(10.366.442)	(13.514.690)	(3.443.986)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(1,111,)	(2,2 ,22 ,	(3, 3,333,
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and			
10.	17)		(53,034,616)	(81 056 638)
19.	,	10,333,031	(30,034,010)	(01,300,000)
13.	Cash, cash equivalents and short-term investments:	000 077 000	200 000 074	200 000 074
	19.1 Beginning of year19.2 End of period (Line 18 plus Line 19.1)			
	19.2 End of period (Line 18 plus Line 19.1)			

	20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		Total	individual	Group	Supplement	Offig	Offity	Defiell Flair	ivieulcare	ivieuicaiu	Other
Total	Members at end of:										
1.	Prior Year	517,338	5,261						12,675	499,402	
2.	First Quarter	508,651	6,047						16,663	485,941	
3.	Second Quarter	525,779	5,351						17,768	502,660	
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months	3,122,829	35,316						101,027	2,986,486	
Total	Member Ambulatory Encounters for Period:										
7.	Physician	2,844,375	9,721						180,948	2,653,706	
8.	Non-Physician	2,947,459	4,963						282,250	2,660,246	
9.	Total	5,791,834	14,684						463,198	5,313,952	
10.	Hospital Patient Days Incurred	108,644	367						13,081	95,196	
11.	Number of Inpatient Admissions	28,168	86						2,201	25,881	
12.	Health Premiums Written (a)	975,126,946	16,035,453						118,804,584	840,286,909	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	973,781,080	15,916,161						118,764,106	839,100,813	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	861,251,563	5,359,895						97,640,945	758,223,216	27,507
18.	Amount Incurred for Provision of Health Care										
	Services	878,336,381	11,769,774						91,543,891	774,997,962	24,754

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....118,804,584.

	Aging Ar	nalysis of Unpaid Cla	ims			
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
Claims unpaid (Reported)						
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	65,404,448	542,617	542,617	125,414	1,202,117	67,817,2
0499999 Subtotals	65,404,448	542,617	542,617	125,414	1,202,117	67,817,2
0599999 Unreported claims and other claim reserves						185,675,
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						253,492

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liab	oility		
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)					1,585,715	2,639,379
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	176,845,622	575,621,304	22,028,860	187,261,786	198,874,482	201,930,466
8.	Other health	27,507				27,507	2,753
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)	11,217,675	10,406,938	4,988,852	12,901,386	16,206,527	29,102,747
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	187,647,178	652,085,846	21,546,352	219,586,363	209,193,530	204,338,257

⁽a) Excludes \$.....0 loans or advances to providers not yet expensed.

Note 1 – Summary of Significant Accounting Policies

Meridian Health Plan of Michigan, Inc. (the "Company") operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons in sixty-eight Michigan counties who subscribe as recipients of state health benefits (Medicaid benefits). In addition, the Company operates a Medicare Advantage Dual-Eligible Special Needs Plan, a Medicare Advantage Prescription Drug Plan, and a Medicare – Medicaid Alignment Initiative Plan and offers metal and catastrophic plans on the Federal Health Insurance Marketplace.

The Company contracts directly with physician/physician groups and hospitals for the provision of medical care, and compensates the providers on either a capitation or fee for service basis. The Company has a risk sharing arrangement with some primary care physicians, and a portion of the capitation payments may be retained for settlement of risk-sharing arrangements.

A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services ("DIFS").

The DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Michigan Insurance Code. The DIFS has adopted the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual as a component of prescribed and permitted practices for the state. The DIFS has the right to permit specific practices that deviate from prescribed practices. The State of Michigan requires the transfer payment program Specialty Network Access Fee ("SNAF"), to be recorded as premium income, and the resulting payments to providers to be treated as hospital/medical benefits. In NAIC SAP this type of pass-through arrangement is reported as uninsured plans. This state prescribed accounting practice resulted in no differences from NAIC SAP net income or capital and surplus.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the DIFS is shown below:

		SSAP	F/S	F/S	2010	2017
		#	Page	Line	2018	2017
NET INCOME			Ţ.			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	N/A	N/A	N/A	\$ (10,132,063)	\$ 546,074
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total				\$ -	\$ -
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				\$ -	\$ -
(4)	NAIC SAP (1-2-3=4)	N/A	N/A	N/A	\$ (10,132,063)	\$ 546,074
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	N/A	N/A	N/A	\$ 176,823,821	\$ 186,774,156
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total				\$ -	\$ -
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				\$ -	\$ -
(8)	NAIC SAP (5-6-7=8)	N/A	N/A	N/A	\$ 176,823,821	\$ 186,774,156

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, primarily claims unpaid. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health capitation premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are provided to eligible members. Expenses are charged to operations as incurred.

- 1. Short-term investments are stated at amortized cost.
- 2. Bonds are stated at amortized cost using the scientific interest method.
- 3. Common stocks are stated at fair market value.
- 4. The Company had no preferred stock.
- 5. The Company had no mortgage loans on real estate.
- 6. The Company had no loan-backed securities.
- 7. The Company had no investments in subsidiaries, controlled or affiliated entities.
- 8. The Company has a minor ownership interests in a joint venture. The Company carries this interest based on the underlying audited GAAP equity of the investee.
- 9. The Company had no derivatives.
- 10. The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- 11. Claims payable includes an actuarially determined estimate of the ultimate cost of settling claims.
- 12. The Company has no property and equipment and related capitalization policy.
- 13. Pharmaceutical rebates receivable are estimated based on actual prescriptions filled.

D. Going Concern

None

Note 2 - Accounting Changes and Corrections of Errors

The Company has been directed by the Michigan Department of Insurance and Financial Services to change the method of accounting for the managed care Medicaid pass-through payments, which consist of the Graduate Medical Education ("GME"), and the Hospital Rate Adjustment ("HRA"), starting with the June 30, 2018 reporting period. Prior to this change these programs were recorded as premium income and the resulting payments to providers as hospital/medical expense. The Company now treats all transactions related to these programs as uninsured plans in accordance with SSAP 47, and reports any outstanding balance payable as a liability for amounts held under uninsured plans.

The Company continues to report the SNAF program pass-through payments as premium income and hospital/medical expense as disclosed in Note 1.

Note 3 - Business Combinations and Goodwill

None

Note 4 - Discontinued Operations

None

Note 5 - Investments

- D. Loan Backed Securities None
- E. Repurchase Agreements and/or Securities Lending Transactions None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing None

- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- H. Repurchase Agreements Transactions Accounted for as a Sale None
- I. Working Capital Finance Investments None
- M. Working Capital Finance Investments None
- N. Offsetting and Netting of Assets and Liabilities None

Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies

No change

Note 7 - Investment Income

No change

Note 8 - Derivative Instruments

None

Note 9 - Income Taxes

No change

Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates

No change

Note 11 - Debt

- A. Outstanding Debt None
- B. FHLB (Federal Home Loan Bank) Agreements None

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

A.- D. Defined Benefit Plan - None

Note 13 - Capital and Surplus, Stockholders' Dividend Restrictions, and Quasi-Reorganizations

No change

Note 14 - Contingencies

None

Note 15 - Leases

None

Note 16 - Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

Note 17 - Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables reported as Sales None
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

Note 18 - Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

As of June 30, 2018 the Company has received payments totaling \$248,747,836 and paid a total of \$248,618,302 to the hospitals on behalf of the Michigan Department of Health and Human Services for the managed care Medicaid pass-through programs GME and HRA.

The gain from operations from administering the pass-through program payments were as follows as of June 30, 2018:

Reference	Description	ASO ured Plans	insured Portion Partially Insured Plans	Total ASO
a.	Gross reimbursement for medical cost incurred	\$ -	\$ 248,747,836	\$ 248,747,836
b.	Gross administrative fees accrued	\$ -	\$	\$ -
C.	Other income or expenses (including interest paid to or received from plans	\$ -	\$ -	\$ -
d.	Gross Expenses incurred (claims and administrative)	\$ -	\$ 248,747,836	\$ 248,747,836
e.	Total net gain or loss from operations		\$ -	\$ -

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

Note 20 - Fair Value Measurements

- A. Fair Market Value at Reporting Date
 - 1. Fair Value Measurements at Reporting Date

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a.	Common Stocks	\$ 17,416,153			\$ 17,416,153
99	Subtotal – Assets at fair value	\$ 17,416,153			\$ 17,416,153
b.	Liabilities at fair value				
1	Derivatives				
2					
99	Subtotal – Liabilities at fair value				

- 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy None
- 3. The Company does not have any securities that have transferred between levels.
- 4. The Company has not valued any securities at a Level 2 or 3.
- 5. Derivative assets and liabilities None
- B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements None
- C. Aggregate Fair Value of All Financial Instruments

Aggregate fair values of the financials instruments and applicable levels within the fair value hierarchy.

Type of Financial Instruments	А	ggregate Fair Value	Ac	lmitted Assets	(Level 1)	(Level 2)	(Level 3)	lot Practicable arrying Value)
Bonds	\$	113,435,704	\$	114,901,863	\$ -	\$ 113,435,704	\$ -	\$ -
Short-term investments	\$	62,991,346	\$	63,084,419	\$ -	\$ 62,991,346	\$	\$ -
Cash Equivalent	\$	2,323,310	\$	2,323,310	\$ 2,323,310	\$ -	\$ -	\$ -
Common Stock	\$	17,416,153	\$	17,416,153	\$ 17,416,153	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value – None

Note 21 - Other Items

On May 28, 2018 the Company's ultimate parent, Caidan Enterprises, Inc. entered into a purchase agreement with WellCare Health Plans, Inc. ("WellCare") whereby WellCare has agreed to purchase, for approximately \$2.5 billion, all shares of stock of the Company's direct parent, Caidan Holding Company, Inc. and Subsidiaries, as well as all assets of related parties, MeridianRx, LLC and Caidan Management Company, LLC, with the exception of certain items which will be carved out. The acquisition of these entities by WellCare is pending regulatory approval, but is anticipated to close prior to December 31, 2018.

Note 22 - Events Subsequent

No change

Note 23 - Reinsurance

No change

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

- E. Risk Sharing Provisions of the Affordable Care Act (ACA)
 - 1. Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (Yes/No)? Yes

The Company had a zero balance for the 2018 risk adjustment program due to a lack of sufficient data to estimate amounts recoverable or payable at this time.

As of December 31, 2017 the Company estimated accrued retrospective premium adjustment of \$7,261,482 payable for the 2017 risk adjustment program.

2. Impact of Risk – Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

STATEMENT AS OF **June 30, 2018** OF THE **Meridian Health Plan of Michigan, Inc. Notes to Financial Statement**

			AMO UNT
a.	Permanent A	CA Risk Adjustment Program	
	Assets		
		Premium adjustments receivable due to ACA Risk Adjustment	\$ -
	Liabilities		
		2 Risk adjustment user fees payable for ACA Risk Adjustment	\$ -
		3 Premium adjustments payable due to ACA Risk Adjustment	\$ -
	Operations (F	Revenue & Expense)	
		Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (1,138,518)
		5 Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 531,458
b.	Transitional A	ACA Reinsurance Program	
	Assets		
		1 Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
		2 Amounts recoverable for claims unpaid due to ACA Reinsurance	
		(Contra Liability)	\$ -
		Amounts receivable relating to uninsured plans for contributions for	
		ACA Reinsurance	\$ -
	Liabilities		
		4 Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -
		5 Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
		6 Liability for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
	Operations (F	Revenue & Expense)	φ -
			\$ -
		7 Ceded reinsurance premiums due to ACA Reinsurance	5 -
		Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
			\$ -
		9 ACA Reinsurance Contributions - not reported as ceded premium	\$ -
c.	Temporary A	CA Risk Corridors Program	
	Assets		
		1 Accrued retrospective premium due to ACA Risk Corridors	\$ -
	Liabilities	T	
		Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	6
	Operations (F	Revenue & Expense)	\$ -
	1	3 Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
	+ +	4 Effect of ACA Risk Corridors on their prelimini income (pand/received)	\$ -
		TELECT OF ACA KISK COTTIGOTS OIL CHAIRGE III TESETVES FOR TALE CREDITS	-

3. Roll – forward of prior year ACA risk – sharing provisions for the following assets (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

		on Business V	Accrued During the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 Prior Year				Adjustments			Unsettled Balances as of the Reporting Date Cumulative Cumulative		
		December 310	the Prior Year	of the P	of the Prior Year Prior Year		Accrued Less Payments (Co12-4)	To Prior Year Balances	To Prior Year Balances		Balance from Prior Years (Coll-3+7)	Balance from Prior Years (Co12-4+8)		
		1	2	3	4	5	6	7	8		9	10		
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)		
a.	Permanent ACA Risk Adjustment Program													
	1 Premium adjustments receivable	-	-	-	-	-	-	-	-		-	-		
	2 Premium adjustments (payable)	-	(8,400,000)	-	-	-	(8,400,000)	-	1,138,518			(7,261,482)		
П	3 Subtotal ACA Permanent Risk Adjustment Program	-	(8,400,000)	-	-	-	(8,400,000)	-	1,138,518		-	(7,261,482)		
b.	Trans itio nal ACA Reins urance Program	-	-	-	-	-	-	-	-					
П	1 Amounts recoverable for claims paid	-	-	-	-	-	-	-	-			-		
	2 Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-		-	-		
П	Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-		-	-		
	Liabilities for contributions payable due to 4 ACA Reinsurance - not reported as ceded premium	-	-	-	-	-	-	-	-			-		
	5 Ceded reins urance premiums payable	-	-	-	-	-	-	-	-			-		
П	6 Lia bility for amounts held under unins ured plans	-	-	-	-	-	-	-	-			-		
П	7 Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-			-		
c.	Temporary ACA Risk Corridors Program	-	-	-	-	-	-	-	-			-		
П	1 Accrued retrospective premium	-	-	-	-	-	-	-	-			-		
	2 Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-			-		
П	3 Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-			-		
d	Total for ACA Risk Sharing Provisions	-	(8,400,000)	-	-	-	(8,400,000)	-	1,138,518		-	(7,261,482)		

4. Roll – forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

	Risk Corridor Program Year		on Business W	the Prior Year Vritten Before	Received or F Current Year	Paid as of the on Business	Differ	rences	Ad	justments			ances as of the ing Date
			December 31 o	f the Prior Year	Written Before of the Pr	e December 31 rior Year	Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
			1	2	3	4	5	6	7	8		9	10
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	2014	1											
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0	Α	0	0
	2.	Reserve for rate credits or policy experience rating refunds											
b.	2015	5											
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0	Α	0	0
	2.	Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
C.	2016												
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0		0	0
	2.	Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
d	Tota	l for Risk Corridors		0	0	0		0	0	0		0	0

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2017 were \$233,441,004 for unpaid claims and incentives and \$0 for unpaid claims adjustment expenses. As of June 30, 2018, \$211,761,073 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. There are \$26,535,204 reserves remaining for prior years. Therefore there has been a \$4,855,273 unfavorable prior year development since December 31, 2017 to June 30, 2018. Original estimates are increased or decreased as additional information becomes know regarding individual claims.

Note 26 - Intercompany Pooling Arrangements

None

Note 27 - Structured Settlements

None

Note 28 - Health Care Receivables

No change

STATEMENT AS OF June 30, 2018 OF THE Meridian Health Plan of Michigan, Inc.

Notes to Financial Statement

Note 29 - Participating Policies

None

Note 30 - Premium Deficiency Reserves

None

Note 31 - Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL coctions requiring the filing of Disclosure of Material Transactions with the State of

	Domicile, as requi	entity experience any material trans red by the Model Act? ort been filed with the domiciliary s		Disciosure of ivi	ateriai Transaction	s with the State) OT	Y	Yes[] No[X] es[] No[] N/A[X]
	Has any change be reporting entity? If yes, date of cha	een made during the year of this s	tatement in the charter, by-lav	vs, articles of in	corporation, or dee	d of settlement	of the		Yes[] No[X]
3.2 3.3 3.4	an insurer? If yes, complete? Have there been as If the response to Is the reporting en	tity a member of an Insurance Hol Schedule Y, Parts 1 and 1A. any substantial changes in the orga 3.2 is yes, provide a brief descripti tity publicly traded or a member of 3.4 is yes, provide the CIK (Centra	anizational chart since the pric on of those changes: a publicly traded group?	or quarter end?	·	ns, one or mor	e of which is		Yes[X] No[] Yes[] No[X] Yes[] No[X]
4.1 4.2	! If yes, provide the	entity been a party to a merger or name of entity, NAIC Company Co of the merger or consolidation.	consolidation during the perior ode, and state of domicile (use	d covered by thi e two letter state	s statement? e abbreviation) for a	iny entity that I	nas ceased		Yes[] No[X]
		1 Name of	Entity	NAIC C	2 ompany Code	State	3 of Domicile		
							<u></u>	<u></u>	
5.	If the reporting entropy or similar agreements of the second seco	tity is subject to a management ag ent, have there been any significar xplanation.	reement, including third-party it changes regarding the terms	administrator(s) s of the agreeme	, managing genera ent or principals inv	I agent(s), atto olved?	rney-in-fact,	Y	es[] No[X] N/A[]
		ate the latest financial examination te that the latest financial examination				he reporting e	ntity. This		12/31/2014
	date should be the State as of what d	e date of the examined balance she ate the latest financial examination y. This is the release date or comp	eet and not the date the reporn report became available to o	t was completed ther states or th	d or released. The public from eithe	the state of d	omicile or		12/31/2104 03/31/2016
	By what departme	•	toot financial eveningtion ren	art boon account	atad far in a aubaca	want financial	atatamant		
6.6	filed with Departme Have all of the rec	ommendations within the latest fina	ancial examination report beer	n complied with	?			Ye	es[] No[] N/A[X] es[X] No[] N/A[]
	Has this reporting revoked by any go? If yes, give full info	entity had any Certificates of Auth overnmental entity during the repor ormation	ority, licenses or registrations ting period?	(including corpo	orate registration, if	applicable) su	spended or		Yes[] No[X]
8.2 8.3	If response to 8.1Is the company afIf response to 8.3regulatory service	subsidiary of a bank holding comp is yes, please identify the name of filiated with one or more banks, thr is yes, please provide below the n s agency [i.e. the Federal Reserve ation (FDIC) and the Securities Exc	the bank holding company. ifts or securities firms? ames and location (city and st Board (FRB), the Office of the	ate of the main e Comptroller of	office) of any affilia	C), the Federal	Deposit		Yes[] No[X] Yes[] No[X]
		1	2	3	4	5	6]	
		Affiliate Name	Location (City, State)	FRB No	OCC No	FDIC No	SEC No	-	
9.1	similar functions) (a) Honest and e relationships; (b) Full, fair, acci (c) Compliance v (d) The prompt ir	cers (principal executive officer, prof the reporting entity subject to a control thical conduct, including the ethical carate, timely and understandable down applicable governmental laws, atternal reporting of violations to an or for adherence to the code.	code of ethics, which includes all handling of actual or appare isclosure in the periodic repor rules and regulations;	nal accounting of the following st nt conflicts of in ts required to be	fficer or controller, andards? terest between per e filed by the report	or persons per	forming	J	Yes[X] No[]
9.2	1 If the response to Has the code of	o 9.1 is No, please explain: ethics for senior managers been a	mended?						Yes[] No[X]
9.3	Have any provisi	o 9.2 is Yes, provide information re ons of the code of ethics been wai o 9.3 is Yes, provide the nature of	ved for any of the specified of	ficers?					Yes[] No[X]
10. 10.	1 Does the reportir 2 If yes, indicate a	ng entity report any amounts due fr ny amounts receivable from parent	om parent, subsidiaries or affi	NCIAL iliates on Page 2 nt:	2 of this statement?			\$	Yes[] No[X]
	use by another p	stocks, bonds, or other assets of the erson? (Exclude securities under so and complete information relating the	ne reporting entity loaned, place securities lending agreements	STMENT ced under option .)	n agreement, or oth	erwise made a	available for		Yes[] No[X]
12.	. Amount of real e	state and mortgages held in other	invested assets in Schedule E	BA:					0
13.		state and mortgages held in short-						\$	0
14. 14.	.1 Does the reporting .2 If yes, please con	ng entity have any investments in properties the following:	parent, subsidiaries and affiliat	es?					Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

5.1	Has the reporting	entity entered into	any hedging transactions	reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 16.3 Total payable for securities lending reported on the liability page

0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Condition Examiners Handbook?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
Comerica Bank	, , , ,

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1	2
Name of Firm or Individual	Affiliation
RSW Investments	U
Madison Scottsdale	Ü
Wells Fargo Advisors	l U

7.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

7.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below. 17.5097

Yes[X] No[]

17.6 for the table below. Yes[] No[X]

1	2	3	4	5
Central Registration		Legal Entity	Registered	Investment Management
Depository Number	Name of Firm or Individual	Identifier (LEI)	With	Agreement (IMA) Filed
134261	RSW Investments	n/a	SEC	NO
1		n/a	SEC	NO
19616	Wells Fargo Advisors	88KRVSOEKUGQZI3DKW55	SEC	NO

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? 18.2 If no, list exceptions:

Yes[X] No[]

By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist.
 b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes[] No[X]

STATEMENT AS OF June 30, 2018 OF THE Meridian Health Plan of Michigan, Inc.

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.	Operating Percentages: 1.1 A&H loss percent 1.2 A&H cost containment percent 1.3 A&H expense percent excluding cost containment expenses	92.530 ¹ 2.517 ¹ 8.886
2.2	 Do you act as a custodian for health savings accounts? If yes, please provide the amount of custodial funds held as of the reporting date. Do you act as an administrator for health savings accounts? If yes, please provide the balance of the funds administered as of the reporting date. 	Yes[] No[X] \$ 0 Yes[] No[X] \$ 0
3. 3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[X] No[] Yes[] No[X]

STATEMENT AS OF June 30, 2018 OF THE Meridian Health Plan of Michigan, Inc. SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC					Type of		Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating
Accident and Health - Non-affi	iliates							
11835	04-1590940	07/01/2017	PARTNERRE AMER INS CO	DE	SS/A/I	Authorized		
	04-1590940		PARTNERRE AMER INS CO	DE		Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	Current Year to Date - Allocated by States and Territories Direct Business Only									
		1		3	4	Direct Busii	ness Only 6	7	8	9
		1	2	3	4	Federal	1	7	0	9
		A ativo	Assident and				Life and Annuity	Droports/	Total	
		Active	Accident and	Madiana	Madiasid	Employees Health	Premiums	Property/	Total	Danasit Tura
	Olata Ela	Status	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
4	State, Etc.	(a)	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama (AL)									
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)									
7.	Connecticut (CT)									
8.	Delaware (DE)	L								
9.	District of Columbia (DC)	L								
10.	Florida (FL)									
11.	Georgia (GA)									
12.	Hawaii (HI)									
13.	Idaho (ID)									
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)									
17.	Kansas (KS)									
18.	Kentucky (KY)									
	, ,									
19.	Louisiana (LA)									
20.	Maine (ME)									
21.	Maryland (MD)									
22.	Massachusetts (MA)									
23.	Michigan (MI)								974,074,084	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)									
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	.l N								
31.	New Jersey (NJ)									
32.	New Mexico (NM)									
33.	New York (NY)	N N								
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)									
									1,049,300	
37.	Oklahoma (OK)									
38.	Oregon (OR)									
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)	. N								
41.	South Carolina (SC)									
42.	South Dakota (SD)									
43.	Tennessee (TN)	N								
44.	Texas (TX)									
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)									
48.	Washington (WA)									
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N							l	
51.	Wyoming (WY)									l
52.	American Samoa (AS)									
53.	Guam (GU)									
54.	Puerto Rico (PR)									
54. 55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CAN)									
58.	Aggregate other alien (OT)									
59.	Subtotal	. XXX.	16,035,453	. 118,804,584	. 840,286,909				. 975,126,946	
60.	Reporting entity contributions for			1						
	Employee Benefit Plans									
61.	Total (Direct Business)	. XXX.	16,035,453	. 118,804,584	. 840,286,909				. 975,126,946	
DETAIL	LS OF WRITE-INS									
58001.		. XXX.								
58002.		. X X X .		[
58003.									1	
	Summary of remaining write-ins for									
58008		1		1						
58998.		YYY								
	Line 58 from overflow page	. XXX.								

R Registered - Non-domiciled RRGs
Q Qualified - Qualified or accredited reinsurer

49

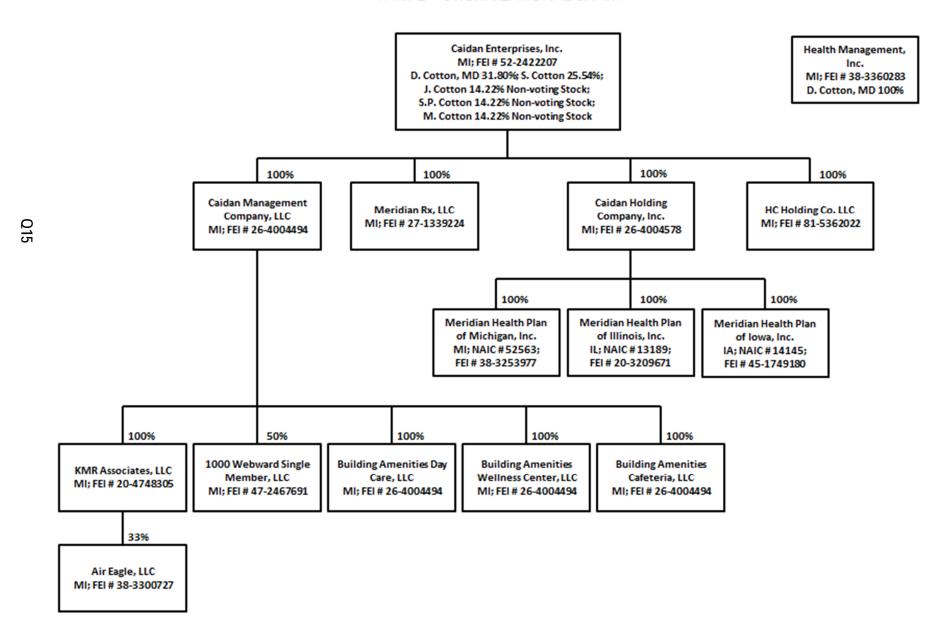
L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E Eligible - Reporting entities eligible or approved to write surplus lines in the state
N None of the above Not allowed to write business in the state

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		Is an	
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board.	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		anv	ID	FEDERAL		Traded (U.S.	or	Loca-	ina	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
	Group Hamo	0000	TTGTTIDO!	TROOP	O.I.C	or international)	7 11111000	4011		1 010011)	imacrico, carory	roroomago	, 1 0.0011(0)	(1/11)	
		00000	52-2422207 .				Caidan Enterprises, Inc.	MI .	UIP	David B. Cotton	Ownership, Board of				
											Directors		David B. Cotton	N	
			52-2422207 .				Caidan Enterprises, Inc.	MI .	UIP	Shery Cotton	Ownership	25.5	David B. Cotton	N	
			26-4004578 .				Caidan Holding Company, Inc.	MI .		Caidan Enterprises, Inc	Ownership		David B. Cotton	N	
		00000	26-4004494 .				Caidan Management Company, LLC	MI .	NIA	Caidan Enterprises, Inc	Ownership		David B. Cotton	N	
			38-3360283 .				Health Management, Inc.	MI .	NIA	David B. Cotton	Ownership		David B. Cotton	. N	
4040	0.34 . 54		27-1339224 .				MeridianRx, LLC	MI .	NIA	Caidan Enterprises, Inc.	Ownership		David B. Cotton	N	
4640	Caidan Enterprises Inc Grp Caidan Enterprises Inc Grp		20-3209671 .				Meridian Health Plan of Illinois, Inc.	IL IA	IA		Ownership		David B. Cotton	N	
4640 4640	Caidan Enterprises Inc Grp		45-1749180 . 38-3253977 .				Meridian Health Plan of Iowa, Inc Meridian Health Plan of Michigan, Inc	IA MI .	RE	Caidan Holding Company, Inc.	Ownership		David B. Cotton	N	
4040	Caldan Enterprises inc Gip		47-2467691				1000 Webward Single Member, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	N	000000
			26-4004494				Building Amenities Day Care, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	N N	
			26-4004494				Building Amenities Wellness Center, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	N	
			26-4004494				Building Amenities Cafeteria, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	N	
		00000	20-4748305				KMR Associates, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership	100.0	David B. Cotton	N	
			38-3300727 .				Air Eagle, LLC	MI .	NIA	KMR Associates, LLC	Ownership	33.0	David B. Cotton	N	000000
		00000	81-5362022 .				HC Holding Co. LLC	MI .	NIA	Caidan Enterprises, Inc	Ownership	100.0	David B. Cotton	N	
		00000												N	

Asterisk	Explanation
0000001	The remaining percent is owned by one or more unaffiliate companies

STATEMENT AS OF June 30, 2018 OF THE Meridian Health Plan of Michigan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Bar Codes:



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	С	Current Statement Date			
	1	2	3		
			Net Admitted	December 31	
		Nonadmitted	Assets	Prior Year Net	
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)					
2504.					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)					

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
			Prior Year
	Current Year	Prior Year	Prior Year Ended December 31
	To Date	To Date	December 31
4704.			
4705. 0			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			

STATEMENT AS OF June 30, 2018 OF THE Meridian Health Plan of Michigan, Inc. SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Total gain (loss) on disposals Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying va NONE		
6.	Total foreign exchange change in book/adjusted carrying va		
7.	Deduct current year's other-than-temporary impairment rectangle		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	mortgage Louino		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	 	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition	 	
	2.2 Additional investment made after acquisition	 	
3.	Capitalized deferred interest and other		
4.	Accrual of discount	 	
5.	Unrealized valuation increase (decrease)	 	
6.	Total gain (loss) on disposals	 	
7.		 	
8.	Deduct amortization of premium and mortgage interest poin		
9.	Total foreign exchange change in book value/recorded inve	 	
10.	Deduct current year's other-than-temporary impairment recognized	 	
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5		
	6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		
5	Ctatomont value at one of carront pones (Line 10 milles Line 14)	 	

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	· · · · · · · · · · · · · · · · · · ·	1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,306,535	1,306,535
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)	(26,741)	
6.	Total gain (loss) on disposals		
7.	Total gain (loss) on disposals Deduct amounts received on disposals	47,897	
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	1,231,897	1,306,535
12.	Deduct total nonadmitted amounts	1,155,714	1,203,612
13.	Statement value at end of current period (Line 11 minus Line 12)		102,923

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	125,882,020	111,029,352
2.	Cost of bonds and stocks acquired	17,326,746	40,084,363
3.	Accrual of discount	17,799	14,236
4.	Unrealized valuation increase (decrease)	206,083	1,759,598
5.	Total gain (loss) on disposals	(13,366)	352,771
6.	Deduct consideration for bonds and stocks disposed of	10,227,570	25,602,238
7.	Deduct amortization of premium	901,282	1,756,062
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	27,586	
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	132,318,016	125,882,020
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	132,318,016	125,882,020

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	During the Cur	ieni Quantei	ioi ali bollu	s and i refer	red Olock by	MAIC Desig	mation		
		1	2	3	4	5	6	7	8
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
	NAIC Designation	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BOND	S								
1.	NAIC 1 (a)	138,329,855	30,172,554	27,389,821	(495,177)	138,329,855	140,617,411		145,120,636
2.	NAIC 2 (a)	37,690,546	7,955,475	8,244,360	(32,790)	37,690,546	37,368,871		34,305,121
3.	NAIC 3 (a)								529,495
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	Total Bonds	176,020,401	38,128,029	35,634,181	(527,966)	176,020,401	177,986,282		179,955,252
PREF	ERRED STOCK								
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	176,020,401	38,128,029	35,634,181	(527,966)	176,020,401	177,986,282		179,955,252

⁽a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....33,875,010; NAIC 2 \$.....0; NAIC 3 \$......0; NAIC 5 \$......0; NAIC 6 \$...........0;

SCHEDULE DA - PART 1

Short - Term Investments

	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
9199999. Totals	63,084,419	X X X	63,137,636	401,523	166,031

SCHEDULE DA - Verification

Short-Term Investments

	Onor- Term investments		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	71,295,068	83,072,839
2.	Cost of short-term investments acquired	38,493,874	22,355,753
3.	Accrual of discount	12,033	4,650
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(15,778)	(49,898)
6.	Deduct consideration received on disposals	46,299,796	32,410,767
7.	Deduct amortization of premium	400,981	1,677,509
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	63,084,419	71,295,068
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	63,084,419	71,295,068

SI04 Schedule DB - Part A Verification	NONE
SI04 Schedule DB - Part B Verification	NONE
SI05 Schedule DB Part C Section 1	NONE
SI06 Schedule DB Part C Section 2	NONE
SI07 Schedule DB - Verification	NONE

STATEMENT AS OF June 30, 2018 OF THE Meridian Health Plan of Michigan, Inc.

STATEMENT AS OF June 30, 2018 OF THE Meridian Health Plan of Michigan, Inc.

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	(**************************************		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,076,605	
2.	Cost of cash equivalents acquired	50,913,714	123,518,295
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	50,667,009	121,441,690
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	2,323,310	2,076,605
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	2,323,310	2,076,605

E01 Schedule A Part 2 NONE
E01 Schedule A Part 3 NONE
E02 Schedule B Part 2 NONE
E02 Schedule B Part 3 NONE
E03 Schedule BA Part 2 NONE
E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

	Si Si	IOW All LO	ong-Term Bond	s and Stock Acquired During the Current	Quarter				
1	2	3	4	5	6	7	8	9	10
								Paid for	NAIC
								Accrued	Designation
CUSIP				Name of	Number of			Interest and	or Market
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
Bonds - U.S.	Political Subdivisions of States, Territories and Possessions								
283770HU2	EL PASO TEX INDPT SCH DIST		05/03/2018	Not Provided	X X X	142,534	125,000	1,424	1FE
2499999 Subto	otal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions				X X X	142,534	125,000	1,424	X X X
Bonds - U.S.	Special Revenue, Special Assessment								
3133EJQW2 .	FEDERAL FARM CREDIT BANKS FUNDING CORP		05/24/2018	Not Provided		2,500,000	2,500,000		1
3136B1ET7	FNR 1811E BW - CMO/RMBS		04/09/2018	Not Provided		1,375,560		1,460	
	NEW YORK ST DORM AUTH ST PERS INCOME TAX		05/03/2018	Not Provided					
	UTILITY DEBT SECURITIZATION AUTH N Y		05/15/2018	Not Provided		328,086			
3199999 Subto	tal - Bonds - U.S. Special Revenue, Special Assessment				X X X	4,544,544	4,455,531	9,749	X X X
Bonds - Indu	strial and Miscellaneous (Unaffiliated)								
12189LAT8	BURLINGTON NORTHERN SANTA FE LLC		05/07/2018	Not Provided		994,230	1,000,000	6,422	1FE
	CBOE HOLDINGS INC		06/19/2018	Not Provided					
	TARGET CORP		06/19/2018	Not Provided		3,492,965			
	WFNMT 15B A - ABS			Not Provided		2,173,188		468	=
	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)					10,128,778	10,200,000	78,820	
	otal - Bonds - Part 3					14,815,856	14,780,531	89,992	
8399998 Sumr	nary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
	otal - Bonds					14,815,856		89,992	
	nary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X
8999999 Subto	otal - Preferred Stocks				X X X		X X X		X X X
Common Sto	ocks - Mutual Funds								
	DELAWARE VALUE;INST	_		Not Provided		12,546			U
	otal - Common Stocks - Mutual Funds				X X X	12,546			X X X
	otal - Common Stocks - Part 3					12,546			X X X
9799998 Sumr	nary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999 Subto	otal - Common Stocks				X X X	12,546	X X X		X X X
	otal - Preferred and Common Stocks					12,546	X X X		X X X
9999999 Total	- Bonds, Preferred and Common Stocks				X X X	14,828,402	X X X	89,992	X X X

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues1.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

During the Curren	٦ŧ	Quarter
-------------------	----	---------

								Durii	ng the C	urrent (λuarter										
1	2	3	4	5	6	7	8	9	10			ook/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
		F								11	12	13	14	15	1						
		0																			
		r							Prior Year			Current Year's		Total	Book/				Bond Interest/		
									Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		;			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	"	Realized	Total	Dividends		1
OLIOID.		'	D: 1	N .			Б.		•		1		"	"	, , ,						1 -
CUSIP	I I	٠ ا	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
Bonds - l	J.S. Governments																				
36296DJ82	GN 687987 - RMBS	(06/01/2018	Paydown	xxx	1,148	1,148	1,203	1,183		(35)		(35)		1,148				7	10/15/2023	1
36296JCV5 .	GN 692284 - RMBS		06/01/2018		XXX	4,647	4,647	4,802	4,823		(177)		(177)		4,647		0	0	24	08/15/2039	1
36297FSV5 . 38373MR51 .	GN 710732 - RMBS		06/01/2018 06/01/2018		XXX	3,162	3,162		3,231		(642)		(642)		27.448		10	10	22	08/15/2024 12/16/2042	11
38373SW78 .	GNR 0314A C - CMB3		06/01/2018			4.401	4.401	4.445	4.427		(26)		(26)		4.401		1	1	41	03/16/2033	1
38375CWQ9	GNR 1243E JP - CMO/RMBS	0	06/01/2018	Paydown	XXX	15,591	15,591	16,412	16,098		(505)		(505)		15,591		0	0	101	07/20/2039	1
38376YXA4 . 38377FY54	GNR 1043D QA - CMO/RMBS		06/01/2018 06/01/2018		XXX	73,769	73,769	75,890 72,216	75,397		(1,628)		(1,628) (1,087)						439	02/20/2039 08/20/2035	1
38377FY54	GNR 10/3B CA - CMO/RMBS		04/01/2018		XXX	11.884	69,481	12,216	10,568		(1,087)		1(1,087)		11.884		1	1	45	12/20/2035	I
38377JPQ0 .	GNR 1098F VA - CMO/RMBS	(06/01/2018	Paydown	XXX	88,130	88,130	99,201	88,862		(614)		(614)		88,130		0	0	1,159	09/20/2021	1
38377JZM8 .	GNR 10125B MJ - CMO/RMBS		06/01/2018		XXX	11,293	11,293	11,655	11,311				(6)		11,293				81	04/20/2039	1
38377KCH1 . 38377MH82 .	GNR 10114B MK - CMO/RMBS		06/01/2018 06/01/2018		XXX	56,173	56,173	58,052 33,238	57,733		(1,560)		(1,560)		56,173		º	0	357	03/20/2039 05/20/2040	I
38378BX53 .	GNR 12132 AE - CMBS	(06/01/2018	Paydown	XXX	281,253	281,254	277,914	277,810		3,444		3,444		281,254		1		818	06/16/2053	i
38378EP23 .	GNR 1261A PD - CMO/RMBS		06/01/2018		XXX	101,519	101,519	102,280	102,146		(628)		(628)		101,519				457	04/20/2039	1
38378J2R2 38378ND91 .	GNR 1341E LD - CMO/RMBS		06/01/2018 06/01/2018		XXX	103,509	103,509	102,474	102,718		791				103,509		0		348	01/20/2041 08/16/2039	11
38378NMN0 .	GNR 13193 A - CMBS		06/01/2018			65,650	65,651	65.979	65,819		(168)		(168)		65,651		1	1	291	09/16/2051	1
38379JH61	GNR 1536J AB - CMO/RMBS	(06/01/2018	Paydown	XXX	157,394	157,394	160,738	160,321		(2,928)		(2,928)		157,394		0	0	880	01/16/2040	1
38379KEU8 .	GNR 1533 AH - CMBS		06/01/2018		XXX	4,712	4,713	4,795	4,771		(59)		(59)		4,713		0	0		02/16/2045	1
38379NYA4 . 38380CXN8 .	GNR 15102H HA - CMO/RMBS		06/01/2018 06/01/2018		XXX	331,473	331,473	338,465 86,415	338,354		(6,881)		108		86,523		0	0	1,964	08/20/2041 05/20/2042	1
	otal - Bonds - U.S. Governments	[00/01/2010	i aydowii	XXX	1,580,480	1,580,482	1,609,858	1,594,324		(13,715)		(13,715)		1,580,482		(1)	(1)	8,804	XXX.	XXX.
					XXX	1,000,100	1,000,102		1,004,024		(10,710)		(10,710)		1,000,102		(1)	(1)		XXX.	XXX.
	J.S. States, Territories and Po	[
	DISTRICT COLUMBIA			Adjustment	XXX	181,524	150,000	180,974							180,774		750	750		06/01/2032	1FE
1799999 Subto	otal - Bonds - U.S. States, Territories and Posse	essions	ıs		XXX	181,524	150,000	180,974							180,774		750	750	854	XXX.	XXX.
Bonds - l	J.S. Political Subdivisions of S	State	es, Terr	ritories and Possess	ons																
181059PG5 .	CLARK CNTY NEV SCH DIST	(06/15/2018	Call @ 100.00	xxx	500,000	500,000	583,605	507,019		(7,019)		(7,019)		500,000				12,500	06/15/2022	1FE
181059PM2 .	CLARK CNTY NEV SCH DIST	[06/15/2018	Call @ 100.00	XXX	610,000	610,000	670,048	619,506		(9,506)		(9,506)		610,000				15,250	06/15/2027	1FE
25476FUE6 .	DISTRICT COLUMBIA			Not Provided	XXX	1.110.000	1.110.000	1.253.653	180,862		(16.613)		(16.613)		1 110 000				27.750	06/01/2032 X X X .	1FE
				•	xxx	1,110,000	1,110,000	1,253,653	1,307,387		(16,613)		(16,613)		1,110,000				21,/50	XXX.	XXX.
	J.S. Special Revenue, Special	I Ass	sessme	nt																	
235241JM9 .	DALLAS TEX AREA RAPID TRAN SALES																				
	TAX REV		05/03/2018		XXX	295,188	290,000	327,065	300,553		(3,982)		(3,982)		296,571		(1,383)	(1,383)	6,283	12/01/2020	1FE
31283KWN4 . 3128KQD78 .	FH G11553 - RMBS		06/01/2018 06/01/2018		XXX	2,315			2,316		(1)		(81)						21	04/01/2019 05/01/2037	I
3128MCGH2	FH G13600 - RMBS		06/01/2018			2,145	2,145	2,198	2,186				(37)					1		06/01/2024	i
3128MMKX0	FH G18309 - RMBS		06/01/2018		XXX	1,593	1,593	1,634	1,625		(30)		(30)		1,593		0	0	16	05/01/2024	[1
3128PNCH9 . 31297H4M8 .	FH J09972 - RMBS		06/01/2018 06/01/2018		XXX								11				0	[· · · · · · · · 0	1	06/01/2024 02/01/2035	[]
31297VY69 .	FH A39733 - RMBS		06/01/2018			952			980		(24)		(24)						2	11/01/2035	i
31335HVE0 .	FH C90613 - RMBS		06/01/2018		XXX	870	870	927	850		20		20		870		0	0		01/01/2023	1
3136A1BN4 . 3136A4E88 .	FNR 11103C JK - CMO/RMBS		06/01/2018 06/01/2018		XXX	30,081	30,081	30,908 11.379	30,469		(388)		(388)		30,081		0	0	168	11/25/2029 07/25/2039	1
3136A4E88 . 3136A9AZ1 .	FNR 1217F QA - CMO/RMBS		06/01/2018		XXX	1,330	1,330	11,379	11,335		(79)				1,330		0	1		06/25/2042	11
3136AEJA6 .	FNR 1358A A - CMO/RMBS	(06/01/2018	Paydown	XXX	183,579	183,579	184,784	184,496		(916)		(916)		183,579		0	0	740	12/25/2039	1
3136AFDX9 .	FNR 1372E GB - CMO/RMBS		06/01/2018		XXX	158,801	158,801	161,307	160,837		(2,035) (354)		(2,035)		158,801				812	11/25/2042	1
3136AH2M1 . 3136AH7E4 .	FNR 143B BL - CMO/RMBS		06/01/2018 06/01/2018		XXX	26,781	26,781	27,254	27,135 56,285		(354)		(354)		26,781				139	06/25/2043 04/25/2029	1
3136AKK93 .	FNR 1452C QG - CMO/RMBS	(06/01/2018		XXX	75,751	75,751	75,751	75,751						75,751				425	12/25/2043	1
3136APH39 .	FNR 1555H QD - CMO/RMBS		06/01/2018	Paydown	XXX	135,324	135,324	138,939	139,250		(3,926)		(3,926)		135,324		0	0	672	10/25/2042	1
3136AQQ78 . 3136ARCK2 .	FNR 1595D AP - CMO/RMBS		06/01/2018 06/01/2018	Paydown	XXX	171,444	171,444 92,790	174,873 94,921	174,879		(3,435)		(3,435)		171,444		J 0	0	1,139	08/25/2042 09/25/2040	1
3136AW4X2 .	FNR 1753E PD - CMO/RMBS		06/01/2018	Paydown	XXX	77,228	77,228	76,915	76,919				309		77,228				430	07/25/2040	11
3136B1ET7 .	FNR 1811E BW - CMO/RMBS	(06/01/2018	Paydown	XXX	34,260	34,260	34,511	2,981		(252)		(252)		34,260					05/25/2044	i
31371KSH5 .	FN 254420 - RMBS		06/01/2018		XXX	2,942	2,942	3,031			(38)		(38)		2,942				34	07/01/2022	1
31371LCD9 . 31371LHE2 .	FN 254868 - RMBS		06/01/2018	Paydown	XXX	1,142		1,171 2,489			(28)		(28)				0	10	12	09/01/2033 12/01/2023	1
SISTILMEZ .	I IN ZUUZU - RIVIDO	٠ ا	00/01/2018	rayuuwii	^^^	Z,48Z	Z,48Z	∠,409	∠,461		11		1		∠,48Z		1	U	1	12/01/2023	11

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

During the Current Quarter

During the Current Quarter																				
1	2 3	3	4 5	6	7	8	9	10		Change in B	look/Adjusted Ca	arrying Value		16	17	18	19	20	21	22
		F							11	12	13	14	15	1						
		١ '						D: V					.	D 1/						
		r						Prior Year			Current Year's		Total	Book/				Bond Interest/		
		e						Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
	i	i		Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Designation
CUSIP		a Di	isposal Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)	/ Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description r	-	Date Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
31371MBN6 .	FN 255745 - RMBS	_	/01/2018 Paydown	XXX	1,546	1,546	1.728	1,527			1			1.546				17	05/01/2025	1
31371NU45 .	FN 257203 - RMBS	. 06/	i/01/2018 Paydown	XXX	924	923		918		6		6		923		0	0	9	05/01/2028	1
	FHR 3796B LA - CMO/RMBS		/01/2018 Paydown	XXX	87,257	87,257	87,202	87,173		83		83		87,257				353	06/15/2039	1
3137A8L89 3137AAGA5 .	FHR 3819H DE - CMO/RMBS		i/01/2018 Paydown	XXX	4,360 83,357	4,360	4,444					(8)		4,360		0		25	11/15/2018 05/15/2040	1
3137AEGA7 .	FHR 3903C QE - CMO/RMBS		//01/2018 Paydown	xxx	51,245	51,245	52,206	52,029		(2,373)		(784)		51,245		0		263	03/15/2040	1
3137AH4V7 .	FHR 3936D KC - CMO/RMBS	. 06/	i/01/2018 Paydown	XXX	16,631	16,631	16,590	16,605		(82)		(82)		16,631				51	03/15/2026	1
3137AKAW1 .	FHR 3982B ND - CMO/RMBS		/01/2018 Paydown	XXX	56,716	56,716	57,372	57,222		(506)		(506)		56,716				206	10/15/2038	1
3137ALTS8 . 3137APKC3 .	FHR 3996A GN - CMO/RMBS		i/01/2018 Paydown	XXX	70,402	70,402	73,438	72,237		(1,835)		(1,835)		70,402		0		505	11/15/2038 02/15/2041	
3137APKC3 .	FHR 4050G DA - CMO/RMBS		//01/2018 Paydown		44,367	44,367	46.447	45,997		(1.629)		(1.629)		44,367			l	332	08/15/2041	1
3137AWB95 .	FHR 4135E CE - CMO/RMBS	. 06/	/01/2018 Paydown	XXX	13,407	13,407	13,450	13,431		(24)		(24)		13,407		0	0	40	11/15/2027	1
3137AYEW7 .	FHR 4171 NG - CMO/RMBS		/01/2018 Paydown	XXX	105,531	105,531	105,663	105,618		(86)		(86)		105,531				497	06/15/2042	[1
3137B2ZH6 . 3137BCA40 .	FHR 4221B HJ - CMO/RMBS		i/01/2018 Paydown	XXX	71,782	51,553	51,795	51,672 73,923		(119)		(2.141)		51,553 71,782		0	0	170	07/15/2023 07/15/2037	1
3137BHGR2 .	FHR 4463C MG - CMO/RMBS		//01/2018 Paydown		85.740	85.740	86.503	86.518		(2,141)		(779)		85.740		0	0	461	07/15/2037	1
3137BMH66 .	FHR 4535A JP - CMO/RMBS		/01/2018 Paydown	XXX	186,332	186,332	189,011	188,979		(2,647)		(2,647)		186,332				1,370	11/15/2043	1
3137BY6U9 .	FHR 4680A KG - CMO/RMBS		/01/2018 Paydown	XXX	308,597	308,597	315,953	315,663		(7,066)		(7,066)		308,597		0	0	2,034	09/15/2042	1
31394GU92 . 31395AX83 .	FHR 2666A BD - CMO/RMBS		i/01/2018 Paydown	XXX	5,055	5,055	5,384	5,247 8.884		(194)		(194)		5,055				51	08/15/2023 07/15/2019	1
31396QZS1 .	FNR 0970D NL - CMO/RMBS		//01/2018 Paydown		1.524		1.538	1.523		(14)		(14)		1.524		0	0	3	08/25/2019	
31398QPP6 .	FHR 3679B AB - CMO/RMBS	. 06/	/01/2018 Paydown	XXX	56,206	56,206	57,893	57.031		(825)		(825)		56,206		0	0	262	05/15/2020	1
31402BXE9 .	FN 724377 - RMBS		/01/2018 Paydown	XXX	1,308	1,308	1,345	1,307		d		ó		1,308		0	0	15	08/01/2018	1
31402CVZ2 . 31402DMP2 .	FN 725232 - RMBS		i/01/2018 Paydown	XXX	3,981 1.751	3,981	4,071			(86)		(86)		3,981					03/01/2034 09/01/2034	1
31402DMP2 .	FN 735427 - RMBS		i/01/2018 Paydown		1.560	1,751		1.554		(29)		5		1.560		1	1	(86)	12/01/2018	1
31403C6L0	FN 745275 - RMBS	. 06/	/01/2018 Paydown	XXX	1,692	1,692	1,732	1,741		(38)		(38)		1,692		0		17	02/01/2036	1
	FN 745418 - RMBS		/01/2018 Paydown	XXX	1,572	1,572	1,647	1,664		(78)		(78)		1,572				18	04/01/2036	1
31410FWM3 . 31412QWA3 .	FN 888152 - RMBS		i/01/2018 Paydown	XXX	2,440 2.188	2,440				(22)		(22)		2,440				26	05/01/2021 12/01/2019	1
31412QWA3 .	FN 972448 - RMBS		//01/2018 Paydown		2,188		343	350		(21)		(18)						3	03/01/2019	
31414R7J8	FN 974397 - RMBS		/01/2018 Paydown	XXX	482					(9)		(21)				0	0	4	04/01/2023	1
31416RFA6 .	FN AA7360 - RMBS		/01/2018 Paydown	XXX	1,785	1,785	1,794	1,792		(6)		(6)		1,785		0	0	21	01/01/2034	1
31416RTG8 . 31417KQ59 .	FN AA7750 - RMBS		i/01/2018 Paydown	XXX						11		11		1,992		0	0	16	06/01/2024 08/01/2024	1
34074MKC4 .	FLORIDA HSG FIN CORP REV		//01/2016 Paydown	xxx	86,449	86,449	2,720	88,358		(1,909)		(1,909)		2,710		0	0	471	01/01/2024	1
54423TAX0 .	LOS ALAMOS CNTY N MEX INC GROSS										1	'''				1				
0.470.46555	RCPTS TA		/01/2018 Call @ 100.00	XXX	250,000	250,000	302,500	254,485		(4,485)		(4,485)		250,000				7,500	06/01/2021	1FE
647310S85 67755CXZ7 .	NEW MEXICO ST SEVERANCE TAX OHIO ST BLDG AUTH		i/03/2018 Not Provided	XXX	100,451	100,000	115,720	101,948		(1,356)		(1,356)		100,592		(141)	[(141)	4,250 7,950	07/01/2018 10/01/2018	1FE
	UTAH ST BLDG OWNERSHIP AUTH	. 03/	Not Provided	^^^	200,307	200,000	290,000	212,004		(3,023)		(3,023)		209,220		(921)	(921)		10/01/2016	IFE
	LEASE REV	. 05/	i/15/2018 Maturity @ 100.00	xxx	25,000	25,000	25,000	25,000						25,000				578	05/15/2018	1FE
3199999 Subto	ntal - Bonds - U.S. Special Revenue, Special Ass	essmer	nt	XXX	3,448,841	3,439,895	3,620,862	3,467,327		(50,619)		(50,619)		3,451,286		(2,445)	(2,445)	40,544	XXX.	XXX.
8399997 Subto	ital - Bonds - Part 4			XXX	6,320,846	6,280,377	6,665,347	6,369,037		(80,948)		(80,948)		6,322,541		(1,695)	(1,695)	77,952	XXX.	XXX.
8399998 Sumn	nary Item from Part 5 for Bonds (N/A to Quarterly	y)		XXX	xxx	XXX	XXX	XXX	xxx	xxx	XXX	xxx	XXX	XXX	XXX	xxx	XXX	XXX	XXX.	XXX.
8399999 Subto	, , , , , , , , , , , , , , , , , , , ,			XXX	6,320,846	6,280,377	6,665,347	6,369,037		(80,948)		(80,948)		6,322,541		(1,695)	(1,695)	77,952	XXX.	XXX.
8999998 Sumn	nary Item from Part 5 for Preferred Stocks (N/A to	o Quart	terly)	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
	otal - Preferred Stocks	- 4441		XXX		XXX													XXX.	XXX.
	nary Item from Part 5 for Common Stocks (N/A to	n Ouart	terly)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
	tal - Common Stocks	o Qual l	tony/	XXX		XXX										^^^	^^^		XXX.	XXX.
						XXX														
				XXX	6.320.846	XXX	6.665.347	6.369.037		(00.040)		(80.948)		6.322.541		(1.695)	(4.005)	77.952	XXX.	XXX.
Papapapa i otal	- DUTIUS, PTETETTEU ATTU COMMON STOCKS			XXX	0,320,846	A A A	0,005,34/	0,309,037		(80,948)		1 (80,948)		0,322,541		1(1,095)	(1,695)	11,952	٨٨٨.	1 vxx.

E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1NONE
E08 Schedule DB Part D Section 1NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

STATEMENT AS OF $June~30,\,2018~\text{OF}$ THE Meridian Health Plan of Michigan, Inc.

SCHEDULE E - PART 1 - CASH Month End Depository Balances

IIIO	ui Liiu D	epository b	alailoco					
1	2	3	4	5	Book Bala	nce at End of E	ach Month	9
			Amount	Amount of	Duri	ing Current Qua	arter	
			of Interest	Interest	6	7	8	
			Received	Accrued				
			During	at Current				
		Rate of	Current	Statement	First	Second	Third	
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories								
Wells Fargo							3,624,755	XXX
JP Morgan Chase, Detroit, MI. Concentration Account					805,453	832,094	1,013,590	XXX
Comerica, Detroit, MI General Account		1.100	. 459,419		. 121,003,705	. 114,412,691	. 172,830,989	XXX
JP Morgan Chase, Detroit, MI Concentration Account								XXX
Comerica Bank, Detroit, MI General Account								XXX
0199998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - open depositories	. X X X	X X X						XXX
0199999 Totals - Open Depositories	. X X X	X X X	. 459,419		. 121,809,158	. 115,244,785	. 177,469,334	XXX
0299998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - suspended								
depositories	. XXX	X X X						XXX
0299999 Totals - Suspended Depositories		X X X						XXX
0399999 Total Cash On Deposit	XXX	X X X	. 459,419		. 121,809,158	. 115,244,785	. 177,469,334	XXX
0499999 Cash in Company's Office	. X X X	X X X	. X X X .	X X X				XXX
0599999 Total Cash	. XXX	X X X	. 459,419		121 809 158	. 115,244,785	177 469 334	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

Show investments owned that of current quarter								
1	2	3	4	5	6	7	8	9
							Amount of	
			Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
Cusip	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
7799999 Subtotals - Bonds - Total Bonds - Issuer Obligations								
7899999 Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities								
7999999 Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities								
8099999 Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities								
8199999 Subtotals - Bonds - SVO Identified Funds								
8399999 Subtotals - Bonds - Total Bonds								
8499999 Subtotals - Sweep Accounts								
Exempt Money Market Mutual Funds - as Identified by SVO								
00142W843	INVESCO PREM GV M;INST		06/01/2018	1.810	X X X	21,620	31	75
00142W843	INVESCO PREM GV M;INST	SD	04/29/2013	1.810	X X X	1,724,875	2,434	9,122
	INVESCO PREM GV M;INST			0.000				
00142W843	INVESCO PREM GV M;INST			0.000				
950000 Subtotals Evernat Manay Market Mutual Eurobe, as Identified by SVO						1,746,495	2,465	0.107
8599999 Subtotals - Exempt Money Market Mutual Funds - as Identified by SVO All Other Money Market Mutual Funds						1,740,495	2,400	9,197
All Other Mone	ey Market Mutual Funds							
000000000	MERIDIAN HPOM LEGACY BDS MERIDIAN HPOM LEGACY BDS		06/29/2018	0.000		576,815		4,326
8699999 Subtotals - All Other Money Market Mutual Funds						576,815		4,326
8799999 Subtotals - Other Cash Equivalents								
						2,323,310	2,465	13,523

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